

In the United States Patent and Trademark Office

Box Patent Application
 Assistant Commissioner for Patents
 Washington, District of Columbia 20231

Mailed 199

Sir:

Please file the following enclosed patent application papers:

Applicant #1, Name: Sarah Vogel

Applicant #2, Name: _____

Title: Hair Clip Inner Protector☒ Specification, Claims, and Abstract: Nr. of Sheets 5/8☐ Declaration: Date Signed: _____☒ Drawing(s): Nr. of Sheets Enc.: Formal: _____ Informal: 4☐ Small Entity Declaration of Inventor(s) ☐ SED of Non-Inventor / Assignee / Licensee☒ Assignment enclosed with cover sheet and recordal fee; please record and return.☒ Check for \$ 345 for:☒ \$ 345 for filing fee (not more than three independent claims and twenty total claims are presented).☐ \$ _____ additional if Assignment is enclosed for recordal.☐ Disclosure Document Program reference letter.☐ Pursuant to 35 U.S.C. §119(e)(i), applicant(s) claim priority of Provisional Patent Application Ser. Nr. _____ filed _____☒ Return Receipt Postcard Addressed to Applicant #1.☐ **Request Under MPEP § 707.07(j):** The undersigned, a pro se applicant, respectfully requests that if the Examiner finds patentable subject matter disclosed in this application, but feels that Applicant's present claims are not entirely suitable, the Examiner draft one or more allowable claims for applicant.

Very respectfully,

Sarah Vogel

Applicant #1 Signature

416 Seventh Ave

Address (Send Correspondence Here)

Menlo Park, CA 94025-1845

Applicant #2 Signature _____

Address _____

Express Mail Label # _____

Date of Deposit 199 _____

In the United States Patent and Trademark Office

Box Patent Application

Assistant Commissioner for Patents

Washington, District of Columbia 20231

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Fee Transmittal

First-Named Applicant

Sarah Vogel

Title of Invention: "

Hair Clip Inner ProtectorTotal Payment Enclosed (From Calculation Below): \$ 345☒ Check ☐ Money Order

Sir:

Enclosed is the following small entity filing fee for the above patent application:

Fee Code	Fee Description	Fee (\$)
214	Provisional Pat. Appn. Filing Fee	214
201	Basic Utility Appn. Filing Fee	<u>345</u>
206	Basic Design Appn. Filing Fee	
	Subtotal (1)	
203	Total Claims: _____ - 20 = _____ ; X _____ (fee for each claim over 20) = _____	
202	Tot. Indep. Claims _____ - 3 = _____ ; X _____ (fee for each indep. claim over 3) = _____	
	Subtotal (2)	
Total Payment Enclosed (Sum of Subtotals (1) and (2))		<u>345</u>

Very respectfully,

Sarah Vogel

Signature of First-Named Applicant

Sarah Vogel

Print Name of First-Named Applicant

416 Sereneth Ave.

Address

Menlo Park, CA94025-1845